2022 CITY OF MONROE LODGING TAX APPLICATION CHECKLIST

This checklist is provided as a tool to assist you in the completion of your application. Remember, late and/or incomplete applications will not be accepted. If you have questions regarding your application, please contact Rich Huebner at 360-722-1684 or RHuebner@MonroeWA.gov.

 Did you sign the certification page and initial all the certification statements?
 Does your requested dollars match your proposed budget dollars?
 Are all the appropriate pages of your application completed and included in your submission? (See the bottom of page 2 for the correct pages to complete.)
 If mailing your application, did you leave enough time for the post office to deliver it? Remember, postmarks will not be accepted and late applications will be disqualified.
 If requesting operations money for a tourism-related facility, did you include a copy of your agency's current non-profit corporation registration with Washington's Secretary of State's office?

City of Monroe 2022 Lodging Tax Funding Application Packet



SUBMISSION DEADLINE: Friday, November 19, 2021 4:30 p.m.

Applications must be mailed or delivered to:

City of Monroe LTAC Monroe City Hall Attn: Rich Huebner 806 W. Main Street Monroe, WA 98272

Completed applications must be received by the date and time specified. Postmarks will not be accepted. If mailing, be sure to allow enough time for delivery.

To be considered for funding, your request must be used for one of the following purposes: (excerpts from RCW 67.28.1816)

- Tourism marketing;
- Marketing and operations of special events and festivals designed to attract tourists;
- Operations of tourism-related facilities owned or operated by nonprofit organizations as defined by the IRC 501(c)(3) or 501(c)(6). Proof of nonprofit status will be required.

Note: Capital purchases or improvements are not an allowable use for hotel/motel taxes except for City owned and/or Public Facilities District owned tourism-related facilities.

Definitions (excerpts from RCW 67.28.080):

- Operations includes, but is not limited to, operations, management, and marketing. (No capital acquisition or maintenance.)
- Tourism economic activity resulting from tourists, which may include sales of overnight lodging, meals, tours, gifts, or souvenirs.
- Tourism promotion activities and expenditures designed to increase tourism, including but not limited to advertising, publicizing, or otherwise distributing information for the purpose of attracting and welcoming tourists; developing strategies to expand tourism; operating tourism promotion agencies; and funding marketing of special events and festivals designed to attract tourists.
- Tourism-related facility real or tangible personal property with a usable life of three or more years, or constructed with volunteer labor, and used to support tourism, performing arts, or to accommodate tourist activities.
- Tourist a person who travels from a place of residence to a different town, city, county, state, or country for purposes of business, pleasure, recreation, education, arts, heritage, or culture.

Applicant Information

Organization/Agency Name	:			
Mailing Address:				
City:			Zip Code:	
Street Address:	from mailing address)			
City:			Zip Code:	
Contact Person and Title:				
Contact Phone: ()				
Organization Website:	_			
Organization is: G	overnment Entity		501(c)(6)	
(Verification of 501(c	e)(3) or 501(c)(6) status will			
Federal Tax ID Number:		UBI Number:		
Requesting funds for the fol	lowing activity: (check all	that apply)		
Tourism Promotion/ Complete pages 2 ar	/Marketing nd 3 and pages 8 thru 11 o	of the application	ı.	
Operation and/or marketing of a Special Event/Festival designed to attract tourists Complete pages 2 thru 7 of the application.				
Operation of a Tourism Promotion Agency Complete pages 2 and 3 and pages 8 thru 11 of the application.				
Operation of a Tourism-Related Facility owned or operated by a non-profit organization Complete pages 2 and 3 and pages 8 thru 11 of the application.				
Operation and/or capital costs of a Tourism-Related Facility owned by the City or a Public Facilities District Complete pages 2 and 3 and pages 12 thru 13 of the application.				

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Certification

I am an authorized agent of the organization/agency applying for funding. By signing this application, I understand that: (initial each statement after reading)
Washington limits how hotel/motel taxes may be used. I am proposing a tourism-related service for fiscal year 2022. If awarded, requested funds will be used only for purposes described in this application and established by state law. I understand the use of these funds are subject to audit by the Washington State Auditor.
If awarded, my organization/agency intends to enter into a municipal services contract with the City of Monroe, provide liability insurance or obtain special event insurance as may be required for the duration of the contract naming the City of Monroe as an additional insured and in an amount determined by the City, and file for a permit to use City property, if applicable. In addition, my organization/agency will provide proof of or obtain a City of Monroe business license, if required.
My organization/agency cannot obligate any hotel/motel funds which may be awarded prior to the execution of the municipal services contract with the City of Monroe. Any expenses incurred by my organization/agency prior to the signing of the contract will not be eligible for reimbursement
The City of Monroe will only reimburse those costs actually incurred by my organization/ agency and only after the service is rendered, paid for if provided by a third party, and a signed Request for Reimbursement form (or other form acceptable to the City) has been submitted to the City, including copies of the invoices and payment documentation.
My organization/agency will be required to submit a report documenting the economic impact results of my funded activity, to include the number of tourists the event reached and the methods by which my organization/agency surveyed the attendance. Failure to provide this information within the timeframe required by the municipal services contract can affect my organization's/ agency's ability to receive expense reimbursements and affect our future funding eligibility.
I certify that I have the authority of the organization/agency represented in this application to submit this request for funding on its behalf and I further certify that the foregoing is true and correct to the best of my knowledge:
Print Name Title
Signature Date

Applicant Name:	An	nount requested:
Tourism Impact Es	stimates - Specia	al Event/Festival Requests
Priority consideration will be give	n to events scheduled	during the off-season (November thru April).
Describe your tourism special event/fest in which it will be held. Attach addition	_	ne event name, date(s), and the venue
Is there a host hotel for your event?	Yes No	If yes, please list the hotel(s):
Hotel Name	Contact	Number
Hotel Name	Contact	Number
Hotel Name	Contact	Number

Applicant Name:	 Amount requested:	

Tourism Impact Estimates - Special Event/Festival Requests

		Estimated Number	Tracking Method	Briefly describe your tracking method
Box 1	Estimated overall attendance		Direct count Indirect count	
Box 2	Of the number in Box 1, how many are expected to travel over 50 miles?		Direct count Indirect count	
Box 3	Of the number in Box 2, how many are expected to travel from another country or state?		Direct count Indirect count	
Box 4	Of the number in Box 1, how many are expected to stay overnight in Monroe?		Direct count Indirect count	

Describe how you will promote your event to attract tourists (use additional sheets if needed).

If awarded, you will be required to also promote your event in Choose Monroe magazine.

Remember to include this cost in your marketing budget request:

Applicant Name:	Amount requested:	

Tourism Impact Estimates - Special Event/Festival Requests

6 Describe how you will promote lodging establishments, restaurants, and businesses located in the City of Monroe (use additional sheets if necessary):

Budget Estimates

List all revenue sources expected/committed for this event. Include your own funding, other Lodging Tax requests, sponsorships, ticket sales, etc.

Funding Sources	Amount	Confirmed (Y/N)	Date Available
City of Monroe Lodging Tax			
(amount should match application request)	\$	n/a	n/a
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL	\$		

Annlicant Name:	Amount requested:	

Budget Estimates

Disclaimer: Certain expenses may not be reimbursable, at the sole discretion of the City of Monroe. For example, insurance costs are not eligible for reimbursement. Expenses incurred prior to the signing date of the municipal services contract will not be eligible for reimbursement. Questions regarding eligibility should be directed to Rich Huebner at 360-722-1684 or RHuebner@MonroeWA.gov.

	Lodging Tax Request	Other Funding Sources	Total
Personnel Costs			
(salaries and benefits)	\$	\$	\$
Overhead costs (rent,			
insurance, utilities, etc.)	\$	\$	\$
Marketing/Promotion	\$	\$	\$
Event supplies/			
materials	\$	\$	\$
Event related contract			
services	\$	\$	\$
Other (describe below)	\$	\$	\$
Other (describe below)	\$	\$	\$
Total	\$	\$	\$
	Amount in this box should		
	match application request.		
Other description			
Other - description			
Other - description			

What will you cut from your proposal or do differently if full funding is not awarded? (use additional sheets if necessary)

	Page 8
Applicant Name:	Amount requested:
Tourism Impact Estimates - Pr	omotion/Marketing/Operations
Priority consideration will be given to requests which	encourage off-season tourism (November thru April).
1. Identify the specific tourism audience/market located organization will target with these funds (attached additi	•
2. Regarding the tourism audience/market identified in a will be performed or provided with the requested funding	• • • • • • • • • • • • • • • • • • • •

Applicant Name:	 Amount requested:	

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Tourism Impact Estimates - Promotion/Marketing/Operations

		Estimated	Tracking	Briefly describe your
		Number	Method	tracking method
	Estimated number of people			
Box	traveling for business/pleasure		Direct count	
1	away from their place of		Indirect count	
	residence and staying overnight:			
	Estimated number of people			
Box	traveling over 50 miles or more		Direct count	
2	for the day or staying		Indirect count	
	overnight:			
	Estimated number of people			
Box	traveling from another		Direct count	
3	country or state:		Indirect count	
	-			

Budget/Request Estimates

For the following section, list the proposed quantity of specific tourism promotional/marketing/operations activities described in #2 on page 8 and its corresponding funding request. The total for column C on page 11 must match your total funding request.

Column A	Column B	Column C
Activity (see disclaimer on page 7)	Number Projected	Funding Requested
Operations:		
N/A Personnel (salaries and benefits) Other (describe below):		\$
		\$
		\$
		\$
	Subtotal Column C	\$

Continued on page 10

annlicant Name	Amount requested:

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Budget/Request Estimates

For the following section, list the proposed quantity of specific tourism promotional/marketing/operations activities described in #2 on page 8 and its corresponding funding request. The total for column C on page 11 must match your total funding request.

G 1		
Column A	Column B	
Activity (see disclaimer on page 7)	Number Projected	
In person contacts (describe how contacts will occur):		Part of Personnel costs on page 9 or
E-mail or phone contacts (describe when and how frequently contacts will occur):		Part of Personnel costs on page 9 or
Brochures produced/printed (describe distribution method):		Part of Personnel costs on page 9 and/or
Brochures distributed/mailed (describe distribution method):		\$
	Subtotal Column C	\$

Continued on page 11

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Applicant Name:	Amount requested:	

Budget/Request Estimates

For the following section, list the proposed quantity of specific tourism promotional/marketing/operations activities described in #2 on page 8 and its corresponding funding request. The total for column C on this page must match your total funding request.

Column A	Column B	Column C
Activity (see disclaimer on page 7)	Number Projected	Funding Requested
Radio/TV ads (describe stations/markets reached):		\$
Website (describe how you will track site hits/views):		Part of Personnel costs on page 9 and/or
Other Digital/Social media (list targeted sites):		Part of Personnel costs on page 9 and/or
Print ads (list newspaper(s)/periodical(s)/tourism print media:		\$
	Subtotal Column C	\$
Total Column C of subtotals of		
	match total requested.	\$

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Applicant Name:	Amount requested:	
	Tourism Impact Estimates - Capital Request	
	Priority consideration will be given to requests which encourage off-season tourism (November thru April).	
CAUTION	Capital requests may only be made by a City or Public Facilities District	CAUTION

1. Describe the capital project for which you are requesting funds. Specifically describe how this project will attract tourism from 50 miles or more from the City of Monroe (attach additional sheets if necessary):

D	-1	1
Page	- 1	4
1 agc	1	J

Applicant Name:	An	nount requested:	

Tourism Impact Estimates - Capital Request

		Estimated	Tracking	Briefly describe your
		Number	Method	tracking method
	Estimated number of people			
Box	traveling for business/pleasure		Direct count	
1	away from their place of		Indirect count	
	residence and staying overnight:			
	Estimated number of people			
Box	traveling over 50 miles or more		Direct count	
2	for the day or staying		Indirect count	
	overnight:			
	Estimated number of people			
Box	traveling from another		Direct count	
3	country or state:		Indirect count	

Budget/Request Estimates

	Lodging Tax Request	Other Funding Sources	Total
Design agets	\$	\$	¢
Design costs	Ф	φ	\$
In house staff costs			
(salaries and benefits)	\$	\$	\$
Construction costs	\$	\$	\$
Installation costs (if			
not part of construction)	\$	\$	\$
Other (describe below)	\$	\$	\$
other (describe below))	Ψ	Ψ
Total	\$	\$	\$
	Amount in this box should		
	match application request.		
		·	•
Other - description			